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SHADED AREAS FOR  
LAB USE ONLY.

State of Washington  
Department of Health




**PUBLIC HEALTH LABORATORY**

1610 N.E. 150th St., K 17-9, Shoreline, Washington 98155-7224

**NOSE and  
THROAT  
SPECIMENS**

08		COUNTY CITY (6-10)		(11-14)		DATE SPECIMEN OBTAINED (15-20)						
DATE RECEIVED (21-26)		REASON (27)		SEX (28)		AGE (29-30)		(31) (32)		DATE OF ONSET (33-38)		
				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F						MONTH DAY YEAR		
PATIENT'S NAME (Last)				(First)				(Initial)				

ADDRESS CITY ZIP CODE

MAIL RESULTS TO:  ADDRESS:  CITY: 	ANTIMICROBIAL THERAPY (WITHIN PAST 7 DAYS)		AGENT
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	CLINICAL DIAGNOSIS		
	STATE ZIP CODE WA		
AREA CODE & PHONE NO. ( )			

Please check ☒ type of specimen and examination requested.

SPECIMEN: ☐ NOSE ☐ THROAT ☐ NASOPHARYNGEAL

☐ For Group A beta hemolytic streptococci

☐ For C. diphtheria

☐ For B. pertussis—Do not submit clinical specimen—Request special kit.

(DO NOT WRITE BELOW THIS LINE)

**LABORATORY REPORT**

SPECIMEN TESTED FOR:			Unsat.	Negative	Positive
N	T	P			
		<input type="checkbox"/> Group A streptococci .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	40	<input type="checkbox"/> C. Diphtheria—presumptive .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	43	Final Report .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Toxigenicity Test .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	46	<input type="checkbox"/> C. pertussis—Culture .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	49	<input type="checkbox"/> B. pertussis Smear .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	52	<input type="checkbox"/> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	55	<input type="checkbox"/> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

TESTED BY:	UNIT HEAD:
DATE OF FINAL REPORT (75-80)	

